# Department of Defense Armed Forces Health Surveillance Branch Global Zika Virus Surveillance Summary (14 SEP 2016)





# **Approved for Public Release**

For questions or comments, please contact: <u>dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil</u>



# Global Zika Virus Surveillance Summary #35

**14 SEP 2016** (next report 21 SEP 2016)



**DoD SURVEILLANCE:** As of 1300 on 14 SEP, there are 115 (+6) confirmed Zika virus (ZIKV) disease cases in Military Health System (MHS) beneficiaries (see table for details), since the first case was reported during the third week of 2016. There are two cases in pregnant Service members and one case in a pregnant dependent.

As per the AFHSB <u>updated guidance</u> for detecting and reporting DoD cases of ZIKV disease, confirmed and probable cases should be reported in DRSi as "Any Other Unusual Condition Not Listed," with "Zika" entered in the comment field along with pertinent travel history and pregnancy status.

IgM ELISA and rRT-PCR assays are available under an <u>Emergency Use Authorization (EUA)</u> at DoD laboratories (see map on Slide 4). Confirmatory PRNT testing is available at the NIDDL.

Strategy for Control of Zika Virus Transmitting Mosquitoes on Military Installations is available from the <u>Armed Forces Pest Management Board</u>.

CASE REPORT: As of 13 SEP, FL health officials have reported 70 (+14) ZIKV infections that were likely acquired through local mosquito transmission (as of 7 SEP, 43 (+8) met the CDC definition of a Zika case). TX and Taiwan have each reported one Zika case linked to the Miami-Dade outbreak. The FL DOH believes ongoing transmission is only taking place within the small defined areas in Wynwood and Miami Beach in Miami-Dade County. The FL DOH is investigating additional areas in Miami-Dade, Palm Beach, and Pinellas counties. On 1 SEP, the FL Department of Agriculture and Consumer Services said that it had detected ZIKV in three mosquito samples from the area of Miami Beach with local transmission. On 19 AUG, CDC updated its health advisory for pregnant women, women of reproductive age, and others traveling to or living in the affected areas.

Zika Cases in the U.S. States and Territories		U.S. Territories		
	U.S. States*	Puerto Rico**	U.S. Virgin Islands*	American Samoa*
Total Zika Cases	2,964 (+242)	17,871 (+1,334)	243	47
Travel-Associated	2,896 (+233)	-	-	-
Local Vector Transmission	43 (+8)	-	-	-
Laboratory Exposure	1	-	-	-
Sexual Transmission	24 (+1)	-	-	-
Guillian Barré Syndrome (GBS)	7	45 (+3) <sup>†</sup>	-	-

U.S. Zika Pregnancy Registry Data, as of 25 AUG					
Pregnant Zika Cases 671 (+47) 1,080 (+109)					
Infants Born with Birth Defects	17 (+1)	1			
Pregnancy Losses with Birth Defects	5	1			

\*Zika cases reported to ArboNET as of 7 SEP (U.S. States and Am. Samoa); USVI cases reported from PAHO as of 8 SEP.

\*\*From the Puerto Rico DOH as of 25 AUG; PR DOH is tracking 1,517 (+133) ZIKV cases in pregnant women.

† Of the 45 (+3) GBS cases, 11 are classified as evidence of flavivirus infection, but specific virus undetermined.

Demographics for all confirmed Zika cases in Military Health System Beneficiaries as of 1300, 14 SEP 2016 (N = 115 confirmed cases)

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١	Demog	N	%				
		Army	53 (+2)	46.1%			
	Service	Air Force	15 (+1)	13.0%			
		Navy	12 (+1)	10.4%			
		Marine Corps	9 (+1)	7.8%			
		Coast Guard	26 (+1)	22.6%			
	Status *includes Reserve Component	Service Member*	85 (+4)	73.9%			
		Dependent	21 (+2)	18.3%			
		Retiree	9	7.8%			
3	Age	0-20	7 (+1)	6.1%			
		21-35	54 (+2)	47.0%			
		36-50	35 (+4)	30.4%			
		51+	13	11.3%			
		Not Reported	6 (-1)	5.2%			
	Gender	Female	41 (+4)	35.7%			
	Gender	Male	74 (+2)	64.3%			

As of 14 SEP, CDC and WHO report 59 countries and territories with a first reported Zika outbreak since JAN 2015: 48 in the Western Hemisphere, nine in PACOM and two in AFRICOM. CDC has issued Alert Level 2, Practice Enhanced Precautions, travel notices for 57 of these countries and territories. WHO said no ZIKV infections have been linked to the Summer Olympic Games as of 2 SEP. Prior to JAN 2015, evidence of local transmission had been reported from other areas of Africa, Southeast Asia, and the Pacific Islands and sporadic transmission may continue to occur in these areas. In Asia, Malaysia, Thailand, Vietnam, and the Philippines have reported locally transmitted cases in 2016. Singapore, which reported its first local ZIKV transmission on 27 AUG, reports 341 (+58) cases as of 13 SEP; most are linked to identified case clusters.

Text updated from the previous report will be printed in red; items in (+xx) represent the change in number from the previous AFHSB summary (7 SEP 2016).



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**CASE REPORT (con't):** According to PAHO on 8 SEP, all Caribbean and North, Central, and South American OCONUS countries and territories were reporting a decreasing trend in Zika cases, except for Costa Rica and Guatemala.

MICROCEPHALY: : As of 8 SEP, Brazil (1,857 (+12)), Cape Verde (11), Costa Rica (1), Colombia (40 (+2)), Dominican Republic (3), El Salvador (4), French Guiana (3), French Polynesia (8), Haiti (1), Honduras (1), the Marshall Islands (1), Martinique (10), Panama (5), Paraguay (2), Puerto Rico (1), and Suriname (1) have reported cases of microcephaly and other fetal malformations potentially associated with ZIKV infection or suggestive of a congenital infection. The U.S. (22 (+1)), Canada (1), Spain (2), and Slovenia (1) have reported travel-associated microcephaly cases. In an early release Emerging Infectious Diseases (EID) article, researchers described early growth and neurologic findings of 48 infants in Brazil diagnosed with probable congenital ZIKV syndrome and followed for one to eight months. In an EID article posted on 7 SEP, Brazilian researchers reported that hospitalizations for neuropathies could be an indicator of increasing ZIKV transmission in a community.

**GUILLAIN-BARRÉ SYNDROME:** As of 8 SEP, 17 countries in the Western Hemisphere as well as French Polynesia have reported Guillain-Barré syndrome (GBS) cases that may be associated with the introduction of ZIKV. There have been seven GBS cases linked to ZIKV reported in the continental U.S. and 45 (+3) cases (1 death) in Puerto Rico, 11 of which are classified as evidence of flavivirus infection, but specific virus undetermined. A letter posted by the New England Journal of Medicine on 31 AUG described the strong association between the incidence of ZIKV disease and GBS in seven countries, but the authors said more research is needed to establish a causal relationship between ZIKV infection and GBS.

USG RESPONSE: On 13 SEP, CDC published a summary of Zika cases in the U.S. between JAN and JUL 2016 and preliminary findings from an investigation of ZIKV infection in a Utah patient with no known risk factors. CDC says it remains unclear how the Utah patient, who had close contact (i.e. kissing and touching) with an index patient with a very high viral load, became infected, but family contacts should be aware that blood and body fluids of severely ill patients may be infectious. CDC said on 30 AUG that children with evidence of congenital Zika virus infection who have normal initial hearing screening tests should receive regular follow-up based on research in Brazil. On 26 AUG, Maryland health officials reported in the MMWR a likely case of sexual transmission of ZIKV via vaginal intercourse from an asymptomatic man to his female partner. On 26 AUG, FDA issued revised guidance recommending universal testing of donated whole blood and blood components for ZIKV in all U.S. states and territories, not just those with ongoing ZIKV transmission as previously recommended. On 23 and 24 AUG, CDC published guidance for healthcare facilities on preparing to receive Zika patients, when to test for ZIKV, and ZIKV testing of pregnant women not living in an area with ZIKV. CDC released Update: Interim Guidance for the Evaluation and Management of Infants with Possible Congenital Zika Virus Infection on 19 AUG. Additional data, guidance, and information from CDC are available on its ZIKV web pages.

GLOBAL RESPONSE: On 6 and 7 SEP, WHO published a statement on causality of birth defects and GBS, information for travelers, travel health advice, and updated its guidance for preventing sexual transmission. WHO now recommends that both women and men who are returning from Zika-affected areas abstain or practice safe sex for six months, an increase from the previously recommended eight weeks. The U.S. CDC is reviewing this change. Following the fourth meeting of the WHO Emergency Committee concerning ZIKV and observed increases in neurological disorders and neonatal malformations on 1 SEP, WHO said that the clusters of microcephaly cases and other neurological disorders continue to constitute a Public Health Emergency of International Concern (PHEIC). WHO reaffirmed its previous advice, including that there should be no general restrictions on travel and trade with countries, areas, and/or territories with ZIKV transmission. PAHO has created a searchable database of published primary research and protocols. For additional information, visit the WHO and PAHO Zika web pages.

MEDICAL COUNTERMEASURES: HHS's Biomedical Advanced Research and Development Authority issued grants to Moderna Therapeutics and Takeda Vaccines for research and development of ZIKV vaccines. On 4 AUG, researchers from the Walter Reed Army Institute of Research (WRAIR) and Harvard University published a preclinical study in Science demonstrating the efficacy of a Zika purified inactivated virus (ZPIV) vaccine in rhesus monkeys. Results indicated complete protection from ZIKV with no detectable virus in blood, urine, or secretions; Phase 1 clinical testing of the vaccine, co-developed with Sanofi-Pasteur, is expected to begin later this year. On 26 JUL, Inovio Pharmaceuticals began a Phase 1 trial of its Zika DNA vaccine (GLS-5700) and launched a double-blind clinical trial of the vaccine in Puerto Rico on 29 AUG.

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# **Emergency Use Authorization Zika Testing at DoD Laboratories**



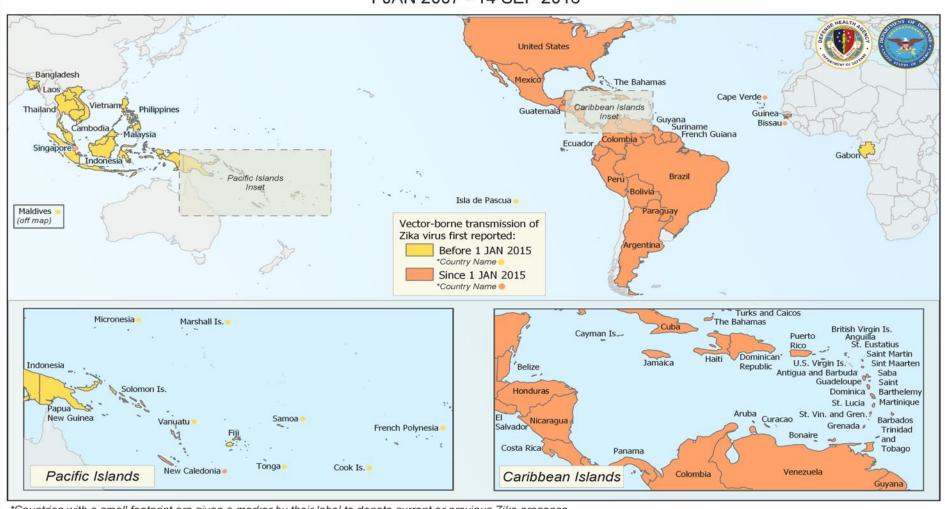


## Global Zika Virus Surveillance Summary #35 14 SEP 2016



# **Zika Virus Distribution**

1 JAN 2007 - 14 SEP 2016



\*Countries with a small footprint are given a marker by their label to denote current or previous Zika presence.

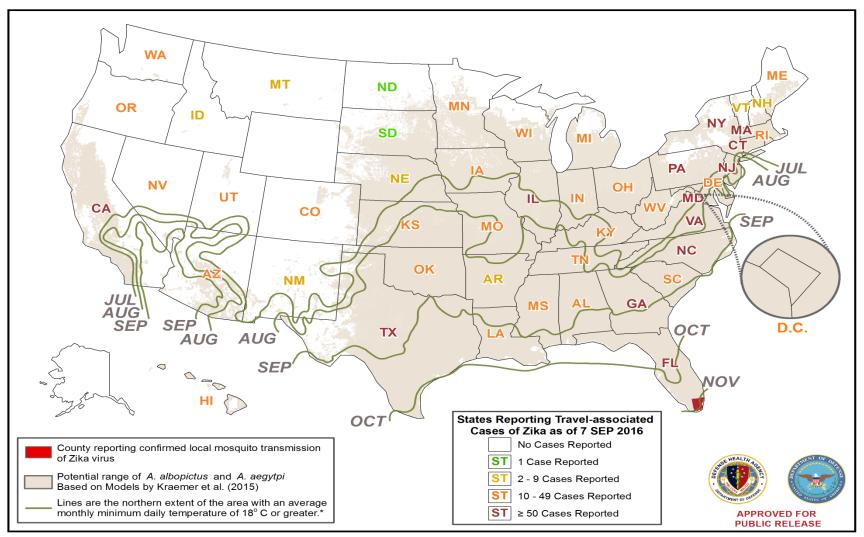


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# **DEPARTMENT OF DEFENSE (AFHSB)**

# Overlap of States Reporting Imported Zika Cases and the Estimated Range of Mosquito Vectors and Transmission Suitability 14 SEP 2016





This version of the map shows that after JUL the northern extent begins to move southward.



# Global Zika Virus Surveillance Summary #35 14 SEP 2016



Western Hemisphere Countries<sup>‡</sup> and Territories with Autochthonous Transmission of Zika Virus: 01 JAN 2015 – 8 SEP 2016

	Confirmed	Suspected	Microcephaly Cases*	Reporting GBS†
Total	117,413	494,775	1,929	17 Countries/Territories

iotai		- ''	7,413	494,113	1,323	
Country/Territory	Confirmed	Suspected	Microcephaly Cases*	Reporting GBS†	Country/Territory	Confirmed
Anguilla	2	22			Guatemala	442
Antigua & Barbuda	9	14			Guyana	6
Argentina	25	1,778			Haiti	5
Aruba	21	0			Honduras	225
Bahamas	8	0			Jamaica	83
Barbados	20	545			Martinique	12
Belize	5	0			Mexico	2,388
Bolivia	126	0			Nicaragua	1,755
Bonaire, St. Eustatius, Saba	9	0			Panama	294
Brazil	78,421	196,976	1,857	Yes	Paraguay	12
British Virgin Islands	5	0	.,		Peru	96
Cayman Islands	5	0			Puerto Rico	17,871
Colombia	8,826	93,828	40	Yes	Saint Barthelemy	61
Costa Rica	946	1,712	1	Yes	Saint Lucia	38
Cuba	3	0	•	100	Saint Martin	200
Curaçao	208	0 984			Saint Vincent & the Grenadines	38
Dominica	318		3	Yes	Sint Maarten	49
Dominican Republic	761	5,109 2,150	3	res	Suriname	720
Ecuador El Salvador	51	11,098	4	Yes		334
	483		3	Yes	Trinidad and Tobago	2
French Guiana		9,565	J		Turks & Caicos	
Grenada	72	309		Yes	U.S. Virgin Islands	243
Guadeloupe	379	29,075		Yes	Venezuela	1,768

Country/Territory	Confirmed	Suspected	Microcephaly Cases*	Reporting GBS†
Guatemala	442	2,473		Yes
Guyana	6	0		
Haiti	5	2,955	1	Yes
Honduras	225	30,735	1	Yes
Jamaica	83	4,946		Yes
Martinique	12	35,580	10	Yes
Mexico	2,388	0		
Nicaragua	1,755	0		
Panama	294	1,508	5	Yes
Paraguay	12	525	2	
Peru	96	0		
Puerto Rico	17,871	0	1	Yes
Saint Barthelemy	61	595		
Saint Lucia	38	790		
Saint Martin	200	2,085		
Saint Vincent & the Grenadines	38	156		
Sint Maarten	49	0		
Suriname	720	2,712	1	Yes
Trinidad and Tobago	334	0		
Turks & Caicos	2	0		
U.S. Virgin Islands	243	518		
Venezuela	1,768	56,032		Yes

<sup>\*</sup> Number of microcephaly and/or CNS malformation cases suggestive of congenital infections or potentially associated with ZIKV infection

<sup>†</sup> Reported increase in GBS cases associated with the introduction of ZIKV and/or GBS case(s) linked to ZIKV infection

<sup>‡</sup> Excludes the U.S.; this data can be found elsewhere in this report.